

Instructions

Use the pink worksheet.

If there is no income at all, the MA group is eligible. Everyone in such a group who is entitled to Medicare hospital insurance benefits under Part A of Medicare is a **qualified medicare beneficiary** (27.1.0). Go directly to the Eligibility/Review Date Unit.

Screen

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01. Do the following:
- 30.1.0
- a. On line 8, enter the **65+1/2** earned income deduction based on the amount on line 7. Do the math through line 9
 - b. Enter the total unearned income on line 10. AFUI
 - c. Do the math through line 11.
 - d. Enter the special exempt income amount on line 12 and the \$20 deduction on line 14 and do the math through line 15.
- Go to 02.
- 30.5.0
02. Are nonexempt assets on line 4 greater than the **categorically needy asset limit** on line 2? AALQ/AAAQ
- If yes**, go to 09.
If no, go to 03.
03. Look up the categorically needy income limit based on the fiscal group size, and enter this amount on line 16. Go to 04.
04. Is there more than one person in the fiscal group? ANID
- If yes**, go 06.
If no, go to 05

Screen

05. Enter on line 17 of the pink work-sheet either:
- a. The total of all shelter expenses and actual fuel and utility expenses, or
 - b. Actual shelter allowance, up to the amount listed in 30.5.0 under the EBD Categorically Needy Income Limit for group size of 1.

AFSQ/AFSC/
AFUC

Go to 07.

06. Enter on line 17 of the pink work-sheet either:
- a. The total of all shelter expenses and actual fuel and utility expenses, or
 - b. Actual shelter allowance, up to the amount listed in 30.5.0 under the EBD Categorically Needy Income Limit for group size of 2.

AFSQ/AFSC/
AFUC

Go to 07.

07. Add line 16 and 17 and enter the result on line 18. Go to 08.

08. Is the monthly budgetable income on line 15 greater than the amount on line 18?

ESII

If yes, go to 09.**If no**, this MA group is categorically eligible.
Go to the Eligibility/Review Date Unit.

30.5.0

09. Look up the **medically needy income limit** and enter this amount on line 19. Go to 10.

10. Is the monthly budgetable income on line 15 greater than the amount on line 19?

ESII

If yes, go to 11.**If no**, this group is medically needy eligible.
Go to the Eligibility/Review Date Unit.

Screen

	11.	Subtract line 19 from line 15. Enter the result on line 20.	
19.1.0		If you exempted social security cost-of-living increases due to "503" status in this case, add the exempted portion to the amount on line 20. The result on line 20 is the monthly excess income. Go to 12.	ANPS/AFUI
	12.	Do the following:	
20.3.0	a.	Determine the MA deductible period for this fiscal test group.	AGMD
20.5.1	b.	Calculate the MA deductible for this fiscal test group.	AGMD
20.8.0 20.8.0	c.	To meet the MA deductible , the group can use the incurred medical expenses of anyone in this fiscal test group.	AGTM
Eligibility/Review Date Unit	d.	When the fiscal test group has met the MA deductible, determine the MA certification date of the eligible persons in the fiscal test group.	AGTM
		Go to 13.	
	13.	Is anyone in the group entitled to Medicare hospital insurance benefits under Part A of Medicare?	AFMD
27.3.0 .		If yes , test this person for qualified medicare beneficiary eligibility. If no , you are finished with this determination.	